


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90042 018 ***150.00

DOCUMENT # K32088

1. Entity Name
BERTHE & TEDESCO INC.



Principal Place of Business Mailing Address

**8290 SW 90TH ST
 MIAMI FL 33156** **8290 SW 90TH ST
 MIAMI FL 33156**

2. Principal Place of Business 3. Mailing Address

3000 S.W. 77 Place **3000 S.W. 77 Place**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33155 **DADE** **33155** **DADE**

4. FEI Number Applied For

65-0072617 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**TEDESCO, GLORIA C.
 8290 SW 90TH ST
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **TEDESCO, GLORIA C.**

Street Address (P.O. Box Number is Not Acceptable)
3000 S.W. 77 PLACE

City **MIAMI** FL Zip Code **33155**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	TEDESCO, ROGELIO C.	
STREET ADDRESS	8290 SW 90TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TEDESCO, GLORIA C.	
STREET ADDRESS	8290 SW 90TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDESCO, ROGELIO C.	
STREET ADDRESS	3000 S.W. 77 PLACE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDESCO, GLORIA C.	
STREET ADDRESS	3000 S.W. 77 PLACE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEDESCO, ALEJANDRO A.	
STREET ADDRESS	3000 S.W. 77 PLACE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Gloria C. Tedesco 4/20/04 305-267-7653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #